



DEQ EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer

VACANCY INFORMATION				
Job Title:	Posting Number:	Posting Date:	Job Location:	
PERSONAL INFORMATION				
Name (Last, First, Middle Initial):		State of Michigan ID Number (if applicable):		
Street Address:		Daytime Phone Number:		
		Evening Phone Number:		
City, State, Zip Code:		E-mail Address:		
Current employees of the Department of Environmental Quality are not required to complete the sections entitled, "EDUCATION", "SPECIAL SKILLS", and "BACKGROUND".				
EMPLOYMENT/REFERENCE INFORMATION				
Are you currently or have you ever been a State of Michigan employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date:
If yes, provide your Department and current/prior Civil Service Classification:				
Provide three work-related references we have permission to contact. At least one must be a supervisor.				
NAME	EMPLOYER	OCCUPATION	RELATIONSHIP	PHONE NO.
EDUCATION				
Name and City of School	Major/Minor	Credits	Degree/Diploma	
SPECIAL SKILLS				
List licenses, certifications, computer software experience, or any additional skills:				
BACKGROUND				
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, were you discharged 5 years or less? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am 18 years of age or older:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have educational or work records under another name:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have been released from employment in the last 5 years:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give reason:				
CERTIFICATION				
By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsifications or misrepresentations. I understand that intentional falsifications or misrepresentations will disqualify me from consideration for employment with the State of Michigan, or if hired, will be grounds for termination. NOT All applicants who apply for a position will be contacted.				

Signature:

Date:

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(continued)

Name (Last, First, Middle Initial):	Job Title	Posting Number:
CRIMINAL HISTORY (This information is for DEQ Office of Human Resources use only)		
Have you ever had any arrests resulting in conviction? <input type="checkbox"/> yes <input type="checkbox"/> no	Date of Offense:	Offense:
Disposition of conviction:		
Do you have any arrests or criminal charges pending? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, explain:	
CERTIFICATION		
By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsifications or misrepresentations. I understand that intentional falsifications or misrepresentations will disqualify me from consideration for employment with the State of Michigan, or if hired, will be grounds for termination.		

Signature:

Date: